



Tufts Cummings School of Veterinary Medicine

.....Hi Zg'I gYfbUa Y'5 dd`jWUjcb': cfa `

Completed forms must be presented in person, faxed, or mailed to:
Robert Ertsgard, IT Manager
Tufts University
Cummings School of Veterinary Medicine
200 Westboro Road _____
North Grafton, MA. 01536
Fax: 508.887.4924

Name: _____
 First Middle Last

Tufts ID/Drivers License #/Passport # (choose one): _____

DOB (Month/Day): ____/____/19XX

Campus or Local Mailing Address: _____

Phone Number: _____

Position At Tufts (check one only)

- Faculty (Full-Time)
- Faculty (Part-Time)
- Staff
- Undergraduate
- Graduate

Department: _____ Major: _____ Year: _____

Your Tufts Username/Password will be delivered to you by one of two ways (check one only):

- Contact you with your Tufts Username/Password

Phone Number: _____

- Pick up your Tufts Username/Password from Robert Ertsgard

Read and sign this section

I agree to abide by the Tufts University Responsible Use Policies as are publicly posted on the University Web site (<http://uit.tufts.edu/?pid=444>) and generally distributed.

Applicant's signature: _____ Date: _____